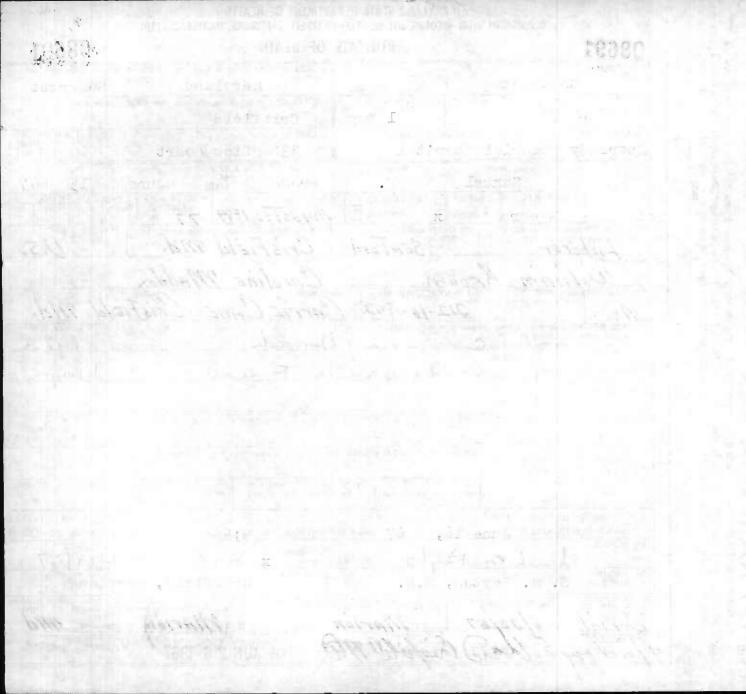
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	0	08	086	0869

	08691		CERTIFICATE	OF DEATH			0005	扛
1.	PLACE OF DEATH o. COUNTY			2. USUAL RESIDENCE (V			dence before odm	ission)
1	Sc	merset	MARYLAND	Ma	aryland		Somers	
	b. CITY OR TOWN (If outs	ide corporote limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou		s, write RURAL ond	give neorest towr	1)
	write RURAL and give		1 Day	Crisfi	leld		19.1	
		INSTITUTION (If not in hospitol,		d. STREET ADDRESS				ESIDENCE A FARM?
	McCready	Memorial Hos	spital	332 Mi	iles Cou	irt		NO 🗆
3.	NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month	Doy	Year
	(Type or print)	Samuel	W •	Brown	DEATH	June		1967
S.	. SEX 6. CO	OLOR OR RACE 7. MARRIED		B. DATE OF BIRTH	9. AGE (In years IF UND Month		IDER 24 HRS.
	ale	N egro WIDOWED			1889 77	Yrs.		
	Do. USUAL OCCUPATION (Give uring most of working life, ev		ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (County	& Stote, or foreign cou	intry) 12.	COUNTRY?	1 -
L	LADOI		SEATOOD	Cristi	E14 111	4.		,5,
1	3. FATHER'S NAME	1, 1	OF MAKE THE	14. MOTHER'S MAIDEN I	NAME	11		
11	S. WAS DECEASED EVER IN U.	IAM Grou	SOCIAL SECURITY NO. 17. I	NEORMANT	E ///A	ddox		
		give wor or dotes of service)	SOCIAL SECURITY NO. 17. II	NTURMANI	0 1	Address VIS FIE	1.1 m	1
-	The cause of pratty		1-16-1032	MITTEL	PAYIC C	1113/16		71
	PART 1. DEATH WA			11			ONSET AN	
	15/	DUE TO	centra of	Goncall			140	cal
	Conditions, if ony, which		dia 1-0.00	lan Azd			100	6-10
	rise to immediate cour		C.C C C C.		Car		109	XXXXI
	stating the underlying last.	(c)						
	PART II. OTHER SIGNIFIC	ANT CONDITIONS CONTRIBUTING	O DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CON	DITION GIVEN IN PA	RT 1(o)	19. WAS A	UTOPSY
CERTIFICATION	1	to all ster					PERFO YES	NO TO
IFIC	20o. ACCIDENT WAS UNDE	RLYING \(\) 20b. DE	SCRIBE HOW INJURY OCCURRED.	Enter noture of injury in	Port I or Port II of it	tem 18.)		1
MEDICAL	20c. TIME OF INJURY M			E OF INJURY (Home, farm		or town) ((County)	(Stote)
ME	Hour o.m.	19 While		ory, street, office bldg., etc.)	THE LEAD			
		at (1) (this haspital) attend			9, ta	, 1	9, that (1)) (we) las
		ed alive an June 1	5 1967, and that	death accurred ato	9:55M, fram	causes and an	the date sta	ted abave
	22o. SIGNATURE	·		ATTENDING	MED. S	TAFF 22b.	DATE SIGNED	7
		Sarah M. T.	lyton M.D	PHYS.	DIRECTOR L	PHYS.	0/17/6	1
	22c, PHYSICIAN'S NAME (Type)	S. M. Peyton	, M.D.	22d. ADDRESS	Crisfiel	d, Mary	rland	
00	20 DINIAL CREMATION	201 DATE THEREOF.	Los MANE OF CENTREDA OD	COLUMNODA	T con tocation	/C: 7	(6)	(6)
23	30. 8 URIAL, CREMATION, REMOVAL (Specify)	23b. DATE THEREOF	23c. NAME OF CEMETERY OR C		23d. LOCATION		(County)	(Stote)
-	24. FUNGRAL DIRECTOR	6/20/67	ADDRESS - O		8Y REGISTRAR	2Sb. REGISTRAR	S SIGNATURE-	114
	di Vila	5/1/20	S. dill M		IN 2 3 19	1 007/	arles for	della

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 haurs offerdeath. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death Poge 4 may be retained by the hospital or attending physicion.



00

TO DEPUTY MED EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 is funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

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VR AISME (5) 5M 1/65

MADVIAND STATE DEPARTMENT OF HEALTH

	14112414	PATILITY OF STREET, ST			
Division of STATIS	TICAL RESEA	RCH AND RECORDS	S, 301 W. PRESTON	STREET, BALTIMORE 1,	MARYLAND
08692	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	08692

a. COUNTY			a. STATE Maryland	b. COI	
b. CITY DR TD	WN (if outside corporate limits.	MARYLAND 1 c. LENGTH DF STAY IN 1b		Somer f outside corporate limits, y	write RURAL and give nearest town)
write RURA Princess	WN (if outside corporate limits, AL and give nearest town)	I7 Years	Princess	Anne	10.1
	OSPITAL OR INSTITUTION (If not in		d. STREET ADDRESS		l e. IS RESIDENCE
u. NAME OF H	OSPITAL OR INSTITUTION (II NOT III	nospital, give street address)			DN A FARM?
			Lano A	ve	YES NO Z
3. NAME OF DECEASED	First Mervin	Middle Francis C	Last	4. DATE MOTO DEATH	25 19 67
(Type or print) 5. SEX	,		8. DATE OF BIRTH	19. AGE (In year	
Male	/// ///	WEAEK WAKKIED X		last birthday	Months Days Hours Min.
	Colored WIDOWE	land 1	1/12/1950		12. CITIZEN OF WHAT
during most of wor	ATION (Give kind of work done 10b. rking life, even if retired)	KIND DF BUSINESS OR INDUSTRY	II. BIR INPLACE (State or foreign country)	COUNTRY?
None		None		s Anne, Md	USA
13. FATHER'S NA			14. MOTHER'S MAI		
Albert	Collier		Helen Co	ollins	
15. WAS DECEASE	D EVER IN U.S. ARMED FDRCES? 1 (If yes pive war or dates of service)	6. SOCIAL SECURITY ND. 17.	INFORMANT	Addr	ess
(1 ca, no, or ankown)	(If yes give was or dates or service)	All	pert Cell:	ier.Princess	Anne Md
Conditions, in gave rise to cause (a), underlying ca	f any, which o immediate stating the use last. DUE TO (b) D DUE TO	Prowning Deceased drow			INTERVAL BETWEEN ONSET AND DEATH minutes IN PART (a) 119. WAS AUTOPSY
PART II. OTHE	R SIGNIFICANT CONDITIONS CONTRI				YES NO
PRIMARY CAUSE OF DE	HAL CAUSE WAS 20b. or CONTRIBUTING ATH.	DESCRIBE HDW INJURY OCCU	JRRED, (Enter nature (of injury in Part I or Part II	of item 18.)
Hour a		le Not While facto	CE OF INJURY (Home, ory, street, office bldg.,	farm, 20f. (City or town)	(County) (State)
	ify that I took charge of the related from: Natural causes		ld an Autopsy 🔲, icide 🔲, Homic		quiry 📝, and in my opinior ed manner 🗌
ACTUAL SIGNATURE	Misest	tilles M	M.U.	AL EXAMINER EDICAL EXAMINER CAL EXAMINER	22. DATE SIGNED
EXAMINÉR'S NAME (Type)	Everett Sutte	T.11/17	Address (Stre	et, city, town, or county)	Somerset
23a. BURIAL, CRI REMOVAL (S	EMATION, 23b. DATE THEREOF	23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOCATION (City,	, town or county) (State)
Burial	PECTOR 7/1/67	Mt Hope	25a, R	EC'D BY REGISTRAR 25b.	REGISTRAR'S SIGNATURE
	n H. James Jr.Pr				Melinelay Judge
MITTT TOTAL	I U. oames or . LI	THOSDS WITHE	Md DATE	י ומפו נ∟ן	Lank War

I'm amul consists and mallion maint Albert Collins of the State of the Collins of the C and the contract of the contra and the filter of the search o 24 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	08693	CERTIFICAT	E OF DEATH		ALTIMORE	(18693
1.	PLACE OF OEATH a. COUNTY OMERSET	MARYLAND	2. USUAL RESIDENCE Aa. STATE Maryland	5	b. COUNTY	t	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) rincess Anne	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporate		JRAL and gl	
)	d. NAME OF HOSPITAL OR INSTITUTION (If not in h	nospital, give street address)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM? YES NO X
3.	OECEASEO (Type or print) George	Middle	Cornish	4. DATE OF DEATH	Month 6	Day	1967
5. M	ale Colored WIDOWED	DIVORCED _	8. DATE OF BIRTH 6/22/1889	1ast 77	birthday) Mont	ths Days	Hours Min.
	Retired Retired	KIND OF BUSINESS OR INOUSTRY Cired	Maryland		reign country) 1	2. CITIZEN COUNTRY	OF WHAT
11	R FATHER'S NAME 111amCornish 5. WAS DECEASED EVER IN U.S. ARMEO FORCES? 16	. SOCIAL SECURITY NO. 17.	14. MOTHER'S MAIL ROSIO TU INFORMANT		Address		
(1	(es, no, or unkown) (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per		arie corni	sh.Prin	ness Am	ne, Mo	ERVAL BETWEEN
	PART I. DEATH WAS CAUSEO BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.	romchial 1	ne umo	mia		/8	SET AND DEATH
CERTIFICATION		DESCRIBE HOW INJURY OCCU				Y	WAS AUTOPSY PERFORMED?
MEDICAL		Not White facto	CE OF INJURY (Home, fa ory, street, office bldg., e	arm, 20f. (City	or town)	(County)	(State)
	21. I certify that (I) (this hosnital) attends saw the deceased alive on 22a. SIGNATURE 22a. PHYSICIAN'S NAME (Type)	ded the deceased from A 1967, and tha	ATTENDING -	MEO. S	ne causes and		
B	a. BURIAL, CREMATION, 23b. DATE THEREOF (UTILE) 6/I2/67 4. FUNERAL DIRECTOR	Mt 210n ADDRESS		Polk C'D.BY REGISTRA	ON (City, town of Road, Mark) 25b. REGIS	ryla;	(State)
	William H James Jr. Pri	Incess Anne.N		14 1967	Jalia	rlas V	Ed int in A

VR A15 (4) 15M 4-64

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages Tand Schould be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

	The state of the state	STREET, BANK AND	
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MARYLAND STATE DEPARTMENT OF HEALTH

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199 SometisET Burnall (Maria) 11/19/2004 William M MEGIO 8 = Feb. of 1893 74 120014 Confinement Landraum "so-320 year Luillian Sterling Softell III

FOR STATE HEALTH DEPT please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be reitanged for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hour after death. is necessary,

CAL EXAMINER: This certificate should be executed within 24 hours after death. If any de

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DOCOK

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	

00033			08545
1. PLACE OF DEATH o. COUNTY			: Residence before edmission)
Somerset MARYLAND	a. STATE Me	aryland b. COUNTY S	omerset .
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN	If outside corporate limits, write RURAL a	and give neerest town)
Crisfield Adult life	Cr	risfield	394
CC OF DEATH COUNTY SOME SET MARYLAND STATE MARYLAND No. COUNTY SOME STATE MARYLAND STATE MARYLAND CT. STATE CT.		. IS RESIDENCE	
	0]	Ld State Rd., Marin	ON A FARM?
3. NAME OF First Middle DECEASED	Last		Dey Year
(Type or print) ALLIE FRANCES O	UTTEN		27 19 67
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH		
Female White WIDOWED DIVORCED 0	ct 15, 1903	23	Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work	Y 11. BIRTHPLACE (State	or foreign sountry) 12. C	TIZEN OF WHAT COUNTRY
	Saxis. Vir	rginia	USA
13. FATHER'S NAME			
Henry Griffin	Nora Evan	8	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT	Address	
No None 217-30-8022 Mau	rice Outten.	Same as 2. abcd a	bove
18. CAUSE OF DEATH Enter only one cause per line for (e), (b), and (c).]			I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	retion		ONSET AND DEATH
	11001011		Minutes
(a), stating the underlying DUE TO			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN IN PAI	RT 1(a) 19. WAS AUTOPSY PERFORMED?
5			YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH CAUSE OF DEATH	(Entar nature of Injury in P	Part I or Part II of item 18.)	
			ounty) (State)
Hour e.m. While Not While fector	ary, street, office bldg., etc	.)	
7 7 2	ld an Autonoy	Inspection V Inquiry	
			and in my opinion
death resulted from: Matural causes XI, Accident . Suich	bound		
00 10	CHIEF MEDICAL	EXAMINER [-]	
SIGNATURE (Caully	M.D. ASSISTANT MED	ICAL EXAMINER	DATE SIGNED
EXAMINER'S NAME (Type) C. G. Rawley, M. D.		0.1.01	6/29/67
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR			
	eterv	Crisfield. Md.	
23. FUNERAL DIRECTOR ADDRESS		'D BY REGISTRAR 246. REGISTRAR'S	SIGNATURE
Bradshaw & Sons, Crisfield, Md.	nu== 4	3 1967 yellarles	Judge
CDOME OF DOME OF THE PARTY I'M.	PMT	3 130/ /-	1. 0

VR A15ME 5M 1/63

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(a) 17 (b) 16 (c) 16 (c) 17 (c	10 7	
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	1 Park	

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

08696

CERTIFICATE OF DEATH

08696

		00000									0	
)		PLACE OF DEATH D. COUNTY Se	omerset		MARYLAN	ND	2. USUAL RESIDENCE (Where o. STATE Mary)	deceosed lived, if institute and b. COU	ion: Residenc	se before	odmission erse	n)
	t	o. CITY OR TOWN (If outside write RURAL and give no Cristield	e corporate limits, earest town)	Life	NGTH OF STAY IN 1	b	c. CITY OR TOWN (If outside	corporote limits, write RU sfield	RAL ond give	neorest	town)	
	(. NAME OF HOSPITAL OR I			eet oddress)	7	d. STREET ADDRESS	DILOLG		e.	. IS RESIDI	
4			dy Memoti	al Ho				Broadway		Y		NO 🗶
	- [NAME OF DECEASED Type or print)	First Dorot	hy	Middle		tost 4. Sterling	DATE Mon OF DEATH June		Doy	Year 196	
	S. S			ARRIED	NEVER MARRIED		DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months 1	YEAR Doys	IF UNDER	24 HRS. Min.
		Female USUAL OCCUPATION (Give k		DOWED X	DIVORCED [_ Se	pt 13, 1883	83 yrs.	12 (17	IZEN OF	WHAT	
	duri	ng most of working life, eve	n if retired)	Garme			Crisfield, M			SAY?	WIIAI	
		FATHER'S NAME					14. MOTHER'S MAIDEN NAME		-			
		Villiam Trav					Eliza J. Cul					
	15. (Ye	WAS DECEASED EVER IN U.S s, no, or unknown) (If yes o	ARMED FORCES? live wor or dotes of servi		SECURITY NO. 01-4652A		FORMANI . Edith Maddr	Addr ix, Crisfie		1.		
		18. CAUSE OF DEATH (E							7-0		RVAL BETV ET AND DI	
			MMEDIATE CAUSE (o) DUE TO	Oxuno	y-nas a	ed (a	E thromb	OSIS ML	lle			
		Conditions, if ony, which	gove) (b)	hon	uples.	ia.	alt			7	da	75.
		rise to immediate couse stating the underlying c lost.	e (0), (DUE TO									
3	ATION	PART II. OTHER SIGNIFICA	NT CONDITIONS CONTRIB	BUTING TO DEA	IH BUT NOT RELATE	D TO TH	E TERMINAL DISEASE CONDITIO	ON GIVEN IN PART 1(0)		19. YES	WAS AUTO PERFORME S	PSY ED? NO
	L CERTIFICATION	20o. ACCIDENT WAS UNDER OR CONTRIBUTING ☐ CAUS (IF EITHER, NOTIFY MEDICAL	SE OF DEATH	20b. DESCRIBE	HOW INJURY OCCU	RRED. (E	nter noture of injury in Port	or Port II of item 18.)				
	MEDICAL	20c. TIME OF INJURY Mo Hour o.m. p.m.	nth, Doy, Yeor 19	20d. INJURY (While of work	OCCURRED 20 Not While at work		OF INJURY (Home, form, y, street, office bldg., etc.)	20f. (City or town)	(Cou	inty)	(S	Stote)
		21. I certify tho saw the deceose	t (I) (this hospital) d alive an	attended th	ne deceased fro 19, and	m d that	death accurred at 6;	ta. 15M, fram causes	, 19_ and on th	, tho ne date	at (I) (w stoted	ve) last abave.
		220. SIGNATURE	Maa	wen.		M.D.		CTOR STAFF PHYS.	22b. DA	TE SIGNE	D	
		22c. PHYSICIAN'S NAME (Type) (G. G. Raw	ley,M.	.D.		22d. ADDRESS Crisf	ield, Mar	yland			
	230. Bu	BURIAL, CREMATION, REMOVAL (Specify)	June 26 1		NAME OF CEMETER			23d. LOCATION (City or To		(County)	(St	tote)
	24.	FUNERAL DIRECTOR			ADDRESS		2So. REC'D BY	REGISTRAR 2Sb. RI	GISTRAR'S SI			
	Br	eadshaw & So	ns. Crisfi	eld. Mo	3.		DATE	2 7 1967	Charl	an y	udge	2

Page 4 may be retained by the haspital ar attenting physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with the State Dept. at Health priar to burial, crematian, ar removal, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

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	2 (2) (2) (1) (1)	Calle, Mr. John	Restrict A. Pores. Orta

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and 2 with the State Deportment of event within 72 haurs after death. Health or its designated agent, prior ta burial, cremation, ar remaval, and in any pages,

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far yaur files.

10 FUNERAL DIRECTOR: Page 3 shauld be used as a buriol-transit permit. File

VR A15ME (5)

This certificate should be executed within 24 haurs after death. If

TO DEPUTY MEDICAL EXAMINER:

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 10105

00091		INIED	ICAL EXAM	IIIAEK 2	CEKTIFICATE C	IT DEATH	-A. ()	200	
PLACE OF DEATH a. COUNTY					CTATE	Where deceased lived, if institu	14714		on)
0. 6001111	Somerset		M	ARYLAND	Mar	yland b. (0)	Son	nerset	
b. CITY OR TOWN (If outside carparate limit Laive nearest tawn) I 1e Id	s,	c. LENGTH OF STA	AY IN 1b		utside corparate limits, write RU	RAL and give	nearest tawn)	
						sfield	1	7.1	
	AL OR INSTITUTION (If n	ot in hospital, g	give street address)		d. STREET ADDRESS			e. IS RESI ON A F	DENCE ARM?
105 S	. 3rd St.				105 S.	3rd St.		YES	NO K
3. NAME OF DECEASED		irst	Middle		last	4. DATE Man			ac
(Type ar print)		NRY			WEST	DEATH June			67
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARK		B. DATE OF BIRTH	9. AGE (In years	Months 1	Days Hours	R 24 HRS. Min.
Male	Negro	WIDOWED				LATO DO ALS.			
during most of working Labore 1	(Give kind of work done life, even if retired)		IND OF BUSINESS OR IDUSTRY 2. L	?	11. BIRTHPLACE (State Unknow			TEN OF WHAT	A
13. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME			
	Unknown				Unkn	own			
15. WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16.	SOCIAL SECURITY NO	D. 17.	INFORMANT	Addr	955		
Unkn.	(If yes give war ar dates	1(02-01-56	538	Lyle Gray	Cri	sfiel	d, Md	
	EATH (Enter only one co							INTERVAL BE	
PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE	(o) Myc	cardial	inf	arction			ONSET AND	DEATH
420	DUE						1211		
Canditions, if ony,		(b)							
rise to immediat		TO							
last.)	(c)					19.77-1		
PART II. OTHER SI	GNIFICANT CONDITIONS (ONTRIBUTING T	O DEATH BUT NOT I	RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(o)		19. WAS AUT PERFORM	OPSY MED?
20g. EXTERNAL CA PRIMARY G or COI CAUSE OF DEATH.		20b. DE	SCRIBE HOW INJURY	OCCURRED.	(Enter nature of injury in	Part I ar Part II of item 1B.)			
20c. TIME OF INJU	10	20d. 18 While at wark			ACE OF INJURY (Hame, farn tary, street, affice bldg., etc.		(Coun	ty)	(State)
21. I certify	y that I taak charg	e af the ren	nains described	abave, he	eld an Autapsy 🗍,	Inspection X, Ing	Jiry 🔲,	and in my	apinia
			Accident	_	cide , Hamicide				
	NO	_	0		CHIEF MEDICAL		-		
SIGNATURE	(19.1	Sav	very	POL	M.D. ASSISTANT MED	DICAL EXAMINER		22. DATE	
EXAMINER'S NAME (Type)	C. G.	Rawle	y /			AL EXAMINER (X) t, city, town, or county)	risfi	6/26/ eld,Mo	
23a. BURIAL, CREMATIC REMOVAL (Specify)			23c. NAME OF CE		CREMATORY	23d. LOCATION (City or To	wn) (i		State)
Burial 24. FUNERAL DIRECTO		91	ADDRESS	-0.11			GISTRAR'S SIG		
Anthony			Crisfie	eld,	IVI 2	11 1 1007			

M.	A TO SERVICE THE SERVICE OF THE SERV	es sparendi esta a como de secución.		
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	08698	CERTIFICATE	OF DEATH		08697			
	1. PLACE OF DEATH a. COUNTY	1 MADVIAND	a. STATE	b. COU				
	b. CITY OR TOWN (II outside corparate limits, write RURAL and give negrest town) Cristiel	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (II auts)	rland le carporate limits, write RU	RAL and give neorest town)			
0	d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, gi	2 Days	d. STREET ADDRESS	fied,	e. IS RESIDENCE ON A FARM?			
1.1	McCready Memorial Ho			lins Stree				
	3. NAME OF First DECEASED (Type or print) Charlie	Middle	Williams 4	OF DEATH JU	th Day Year ne 24 1967			
	S. SEX 6. COLOR OR RACE 7. MARRIED Male Negro Widowed	NEVER MARRIED DIVORCED	Aug. 16, 188	9. AGE (In years lost birthdoy) yrs.	Months Doys Haurs Min.			
		NO OF BUSINESS OR DUSTRY SEAFORD	11. PIRTHPLACE (County & S	man 1	12. CITIZEN OF WHAT COUNTRY?			
	13. FATHER'S NAMED TET 113:1/1	4ms	14. MOTHER'S MAIDEN NAM		nec			
	(Yes no grunknown) (If we aim was as dates of contice)	OCIAL SECURITY NO. 17. 17. 17. 17. 17. 17. 17. 17. 17. 17	NEDECCA T	MILES C	"ris Field Mo			
	18. CAUSE OF DEATH (Enter anly ane cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OUE TO Canditians, if any, which gave rise to immediate cause (o), stating the underlying cause	resolized	der Cecci	lensis	3 ONSET AND DEATH Roman 3 Yeare			
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO	HE TERMINAL DISEASE CONDIT	TION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO D			
	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF FITHER NOTIFY MEDICAL FXAMINER)	CRIBE HOW INJURY OCCURRED.	Enter noture of injury in Par	t 1 ar Part II of item 18.)	113 110 &			
		Not While I lact	E OF INJURY (Hame, farm, ary, street, affice bldg., etc.)	20f. (City or tawn)	(County) (State)			
	21. I certify that (I) (this haspital) attended the deceased fram Cont 14, 1962, to July 24, 1967 that (I) (we) la saw the deceased alive an 6/21/67 19, and that death accurred at 2:59, kam duses and an the date stated above							
	220. SIGNATURE G.M. Ban,	m. D M.E		D. STAFF PHYS.	226 DATE SIGNED July 26, 1967			
	22c. PHYSICIAN'S NAME (Type) A. N. Barr, N	[. D.	22d. ADDRESS Cri	sfield, Ma	ryland			
	230. BURIAL CREMANON, REMOVAL (Specify) 6/29/67	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOGATION (City or To	Eld Md			
	Quelkony 6, War	(riskeld)	DATE UL		EĞİSTRAR'S SIGNATURE			

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page haurs o filled in on pergers within 724 **TO FUNERAL DIRECTOR:** After this certificate hos been signed by the ottending physician ond completely director, page 3 should be detached for use os the burial-transit permit. Then please remove carbon should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in ony event, it Page 4 moy be retained by the hospital or attending physician.

VR A15 (4) 25M 1/67